



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1099337  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1099337

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto:kcc-well-logs@kcc.ks.gov). Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
--	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*  
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*  
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 08, 2012

Randall Pfeifer  
RL Investment, LLC  
217 SAINT PETER ST  
MORLAND, KS 67650-5101

Re: ACO1  
API 15-065-23857-00-00  
HANNA 1-30  
SE/4 Sec.30-10S-24W  
Graham County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Randall Pfeifer

## GENERAL INFORMATION

### Client Information:

Company: R L INVESTMENT LLC.

Contact:

Phone:

Fax:

e-mail:

### Site Information:

Contact: BOB HOPKINS

Phone:

Fax:

e-mail:

### Well Information:

Name: HANNA 1-30

Operator:

Location-Downhole:

Location-Surface: S30/10S/24W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: BOB HOPKINS

Test Type: DST #1 CONVENTIONAL

Job Number: D1208

Test Unit:

Start Date: 2012/09/07

Start Time: 11:00:00

End Date: 2012/09/07

End Time: 17:00:00

Report Date: 2012/09/07

Prepared By: JOHN RIEDL

### Remarks:

Qualified By: BOB HOPKINS

RECOVERY: 1' FREE OIL, 180' WATER

## GENERAL INFORMATION

### Client Information:

Company: R L INVESTMENT LLC

Contact:

Phone: Fax: e-mail:

### Site Information:

Contact: BOB HOPKINS

Phone: Fax: e-mail:

### Well Information:

Name: HANNA 1-30

Operator: R L INVESTMENT LLC

Location-Downhole:

Location-Surface: S30/10S/24W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: BOB HOPKINS

Test Type: DST #2 CONVENTIONAL

Job Number: D1209

Test Unit:

Start Date: 2012/09/08

Start Time: 03:00:00

End Date: 2012/09/08

End Time: 09:40:00

Report Date: 2012/09/08

Prepared By: JOHN RIEDL

### Remarks:

Qualified By: BOB HOPKINS

RECOVERY: 100' DRILLING MUD, 180' WATER

## GENERAL INFORMATION

### Client Information:

Company: R L INVESTMENT LLC

Contact:

Phone: Fax: e-mail:

### Site Information:

Contact: BOB HOPKINS

Phone: Fax: e-mail:

### Well Information:

Name: HANNA 1-30

Operator: R L INVESTMENT LLC

Location-Downhole:

Location-Surface: S30/10S/24W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: BOB HOPKINS

Test Type: DST #3 CONVENTIONAL Job Number: D1210

Test Unit:

Start Date: 2012/09/08 Start Time: 20:30:00

End Date: 2012/09/09 End Time: 03:00:00

Report Date: 2012/09/09 Prepared By: JOHN RIEDL

Qualified By: BOB HOPKINS

### Remarks:

RECOVERY: 3' DRILLING MUD

REMIT TO

RR 1 BOX 90 D  
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

DATE 9/11/11	SEC. 30	RANGE/TWP. 17-2-4	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
					COUNTY 64	STATE KS
LEASE Hoxie			WELL # 1-30			

CONTRACTOR <del>8222</del> VW12	OWNER <del>4</del> K/L			
TYPE OF JOB				
HOLE SIZE 12 1/4	T.D. 217	CEMENT		
CASING SIZE 8 1/2	DEPTH	AMOUNT ORDERED		
TUBING SIZE	DEPTH			
DRILL PIPE	DEPTH			
TOOL	DEPTH			
PRES. MAX	MINIMUM	COMMON	165	@ 15 3/4
DISPLACEMENT 12.541	SHOE JOINT	POZMIX		@
CEMENT LEFT IN CSG. 5-7052		GEL	3	@ 26
PERFS		CHLORIDE	5	@ 52
		ASC		@
EQUIPMENT				@
				@
PUMP TRUCK				@
# 351				@
BULK TRUCK				@
# 102				@
BULK TRUCK				@
#				@
				@
		HANDLNG	178	@ 2 1/2
		MILEAGE	31	@ 17 00
				TOTAL

REMARKS	SERVICE Surface		
Plug down @ 5:30 pm	DEPT OF JOB	@	
	PUMP TRUCK CHARGE	@	10-0
	EXTRA FOOTAGE	@	
	MILEAGE 3812	@	6 30
Circ Cement to Pit	MANIFOLD	@	
	Light Valve 3812	@	2 00
		TOTAL	

CHARGE TO: R+L	
STREET	STATE
CITY	ZIP

PLUG & FLOAT EQUIPMENT	
	@
	@

To: Schippers Oil Field Service LLC

You are hereby requested to rent cementing equipment

REMIT TO  
RR 1 BOX 90 D  
HOXIE, KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

NO 614

DATE <i>9/11/12</i>	SEC. <i>30</i>	RANGE/TWP. <i>10-24</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Hanna</i>			WELL.# <i>1-30</i>			
			COUNTY <i>CHI</i> STATE <i>KC</i>			

CONTRACTOR <i>W/W 12</i>	OWNER <i>B+L</i>	<i>12001</i>			
TYPE OF JOB					
HOLE SIZE <i>7 7/8</i>	T.D. <i>4104</i>	CEMENT			
CASING SIZE	DEPTH	AMOUNT ORDERED	<i>205</i>		
TUBING SIZE	DEPTH				
DRILL PIPE <i>4 1/2</i>	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	<i>173</i>	@ <i>15.50</i>	<i>1906.00</i>
DISPLACEMENT	SHOE JOINT	POZMIX	<i>82</i>	@ <i>8.50</i>	<i>697</i>
CEMENT LEFT IN CSG.		GEL	<i>8</i>	@ <i>26.00</i>	<i>208</i>
PERFS		CHLORIDE		@	
		ASC		@	
EQUIPMENT				@	
PUMP TRUCK		<i>Flt. seal</i>	<i>5135</i>	@ <i>2.00</i>	<i>115.00</i>
#				@	
BULK TRUCK				@	
#				@	
BULK TRUCK				@	
#				@	
		HANDLING	<i>213</i>	@ <i>2.20</i>	<i>457.00</i>
		MILEAGE	<i>38</i>	@ <i>21.20</i>	<i>805.00</i>
		TOTAL			

*Plugged 2:30 PM 9/10/12*

REMARKS	SERVICE	<i>Rotary Plug</i>		
<i>1st 2160 25.00</i>	DEPT OF JOB	@		
<i>2nd 1246 100.00</i>	PUMP TRUCK CHARGE	@		<i>1350.00</i>
<i>3rd 262 40.00</i>	EXTRA FOOTAGE	@		
<i>4th 40 Wiper</i>	MILEAGE	<i>397.2</i>	@ <i>6.00</i>	<i>494.00</i>
<i>5th RA Hole 30.00</i>	MANIFOLD	@		
	<i>Light Veh</i>	<i>38x2</i>	@ <i>2.00</i>	<i>152.00</i>
	TOTAL			

CHARGES TO: <i>B+L</i>	
STREET	STATE
CITY	ZIP

PLUG & FLOAT EQUIPMENT	
<i>8 7/8 Plug</i>	@ <i>79.00</i>

To: Schippers Oil Field Services L.L.C.  
You are hereby requested to rent cementing equipment